



Kewaunee County Health Insurance Plan Effective January 1, 2019 **Medical, Dental, Prescription & Life Insurance Overview**

Part – time employees must work an average of 30 hours per week to be eligible for health insurance.
 Cost will be prorated based on number of hours worked.

MEDICAL PPO In-Network Name: National POS – OpenAccess	
Doctor on Demand Telemedicine www.doctorondemand.com/humana	DirectPath Services 866-253-2273 / directpathhealth.com
Telemedicine - \$0 copay paid 100%	DirectPath - free each member \$reward 20% up to \$1,000

MEDICAL PLAN – SINGLE

Single Medical Monthly Premium \$919.12 / Employer 85%: \$781.24 / Employee 15%: \$137.88

PPO Network Name: <i>National Point of Service – Open Access (NPOS)</i>	In Network 1/1/2019	Out of Network 1/1/2019
Deductible	\$750	\$1500
Coinsurance	90/10	70/30
Out of Pocket Limit	\$2,500	\$6,750
Plan Maximum Out of Pocket Limit (MOOP)	\$6,450	N/A
Primary Care Office Visit Copay	\$25	ded/coins
Specialist Copay	\$50	ded/coins
Emergency Room Copay	\$200 copay then 90% after deductible	
Urgent Care Copay	\$50	ded/coins

MEDICAL PLAN - FAMILY

Family Medical Monthly Premium \$2,261.64 / Employer 85%: \$1,922.38 / Employee 15%: \$339.26

PPO Network Name: <i>National Point of Service – Open Access (NPOS)</i>	In Network 1/1/2019	Out of Network 1/1/2019
Deductible	\$1,500	\$3,000
Coinsurance	90/10	70/30
Out of Pocket Limit	\$5,000	\$13,500
Plan Maximum Out of Pocket Limit (MOOP)	\$12,900	N/A
Primary Care Office Visit Copay	\$25	ded/coins
Specialist Copay	\$50	ded/coins
Emergency Room Copay	\$200 copay then 90% after deductible	
Urgent Care Copay	\$50	ded/coins

Out of Pocket Limit Includes: medical deductible & medical coinsurance (In Network/Out of Network do not cross reduce)
 MOOP Includes: in network medical/pharmacy deductible, in network coinsurance, medical/pharmacy copay

PHARMACY

Level 1 Drug Co-Pay: \$10 **Level 2 Drug Co-Pay: \$35** **Level 3 Drug Co-Pay: \$50**
 (low cost generic/brand) (higher cost generic/brand) (high cost mostly brand)
Level 2 & Level 3(combined) have a \$200 deductible per person, then copay

DENTAL **PPO In-Network Name: Traditional Preferred**

Family Dental - \$126.00 - Employee pays 50% = \$63.00 per month
 Single Dental - \$50.00 - Employee pays zero
 Dental maximum benefit per year per individual: \$1,000
 Orthodontia: covered expenses 50% Lifetime Maximum for orthodontia per individual: \$800

LIFE

Term Life Insurance: \$20,000 / Accidental Death or Bodily Injury: \$20,000 (eligibility: 600 hrs worked/year)